DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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The Honorable Mark E. Souder
Chairman, Subcommittee on Criminal Justice, Drug
Policy, and Human Resources
Committee on Government Reform
2157 Rayburn House Office Building
Washington, DC 20515-6143

Dear Mr. Souder:

This is in response to your January 20 letter regarding a recently published article in the *Journal of Psychology and Psychiatry* entitled "Abortion in Young Women and Subsequent Mental Health." The Subcommittee submitted a number of questions about the findings of this study. I asked the relevant NIH Institutes to respond to your specific questions; please see the enclosure for their responses.

Sincerely,

Elias A. Zerhouni, M.D.
Director

Enclosure

NIH Response to Questions from the Subcommittee
on Criminal Justice, Drug Policy, and Human Resources
March 2005

1. Are there any studies of comparable methodological rigor published on U.S. women?

We recognize the importance of concerns over the potential link between abortion and mental health. The literature on any relationship between abortion and mental health is one that is very difficult to interpret. One reason is that a woman's mental health will be affected by her baseline medical condition as well as numerous events throughout her life, including events prior to her pregnancy, and the circumstances surrounding her pregnancy, as well as her decision to terminate her pregnancy or carry it to term. To the extent that women with a predisposition toward depression may be more or less likely to become pregnant under particular circumstances (e.g. unintended and/or with unsupportive partners), or that difficult circumstances during the pregnancy may be linked to both higher incidents of depression and pregnancy termination, it becomes difficult to isolate the effect of terminating the pregnancy on mental health.

Most studies do not provide baseline diagnostic measures prior to the abortion, which makes accurate interpretation of the findings impossible. Most prospective studies on the relationship between abortion and mental health come from outside the United States. This is also problematic, because this research is occurring in a different societal and cultural context than that found in the United States, and therefore is not directly applicable to the U.S. population. In addition, numerous studies have shown that abortion is under-reported in self-report studies, which makes it difficult to then determine any relationship between mood disorders and abortion.

The National Institute of Mental Health (NIMH) has not funded any prospective longitudinal birth cohort studies on the effects of abortion on mental health. The NIMH did fund a study published in 2002 (Major, B. et al. Psychological responses of women after first trimester abortion. Arch Gen Psychiatry, 57 (8):785-6) that prospectively assessed for depression prior to and following abortion for a period of two years, but it was not a birth cohort study. The United States Department of Labor has funded a longitudinal study, the National Longitudinal Survey of Youth, which has resulted in several papers that provide conflicting results on the relationship between abortion and depression. (Schmiege, S and Russo, N. Depression and unwanted first pregnancy: longitudinal cohort study. BMJ,doi:10.1136/bmj.38623.532384.55; Reardon D and Cougle J. Depression and unintended pregnancy in the National Longitudinal Survey of Youth: a cohort study. BMJ 2002; 324:151-2.) The focus of this Department of Labor study was primarily on educational attainment and workforce issues, although a variety of demographic data was obtained. This was also not a birth cohort study; participants were first assessed when they were between the ages of 14 and 22 in the year 1979 and were subsequently assessed on an annual basis. The results of this study as they relate to abortion and depression are difficult to interpret as no diagnostic measures of depression were obtained prior to abortion. In summary, the literature on any relationship between abortion and depression is problematic, largely due to methodological issues.

2. Do we have for the United States a longitudinal data set comparable to the New Zealand survey, starting at birth, which has measured the developmental background and experiences of subjects?

The NIH is not aware of any longitudinal data set comparable to the New Zealand survey.

3. Are there any significant reasons to suggest the New Zealand conclusions would vary for U.S. women? If so, please explain why and to what degree.

It is often difficult to compare these kinds of mental health studies across cultures and nations for several reasons. Issues such as different racial and ethnic group composition, different cultural norms, different medical and legal systems that impact the process by which a person obtains an abortion, etc., can impact the translation of the results across nations. However, the degree to which these differences have an affect cannot be determined precisely, as we do not have a comparable study in the U.S.

4. Is there any way to quickly replicate, modify, or debunk these findings as they might apply to U.S. women?

Longitudinal studies, by their very nature, require years to complete. Moreover, such studies require careful scientific design, recruitment and retention efforts, and data analysis. The New Zealand study examined a data set that was collected over a period of 25 years. We are not aware of any similar data sets that currently exist in the United States. Therefore, it is highly unlikely that studies could be designed and completed very quickly that would replicate, modify, or debunk these findings.

5. Are there any rigorous studies funded by NIH that would be suggestive of similar outcomes for U.S. women?

The NIH has not funded any comparable studies in this area. The National Institute of Child Health and Human Development (NICHD) has funded longitudinal studies, that collected health information on adolescents and adults. These data sets include measures on abortions (self-reported), suicidality, and depression over time. However, like the New Zealand study, abortions are under-reported, and even the rate of reporting varies by age, race, ethnicity, and location. Accordingly, it is unlikely that the number of abortions is accurate. Given the limitations of this data set, researchers could not design a study using this data that would yield reliable results.

6. Given that this study finds a level of significant ill effects of abortion for about forty percent of New Zealand women who procure abortions, and given that U.S. data might be different but not so radically different, what line of research do you suggest NIH consider funding, to identify those women in the U.S. who might be at risk?

The NIMH has a program announcement entitled, "Women's Mental Health in Pregnancy and the Postpartum Period" http://grants.nih.gov/grants/guide/pa-files/PA-03-135.html that encourages

investigators to submit proposals that include this area. The program announcement is currently in the process of being renewed for another 3-year period. Researchers interested in conducting a study to examine the connections between abortion and mental health can submit applications under this program announcement.

7. Are there any studies presently funded by NIH that address any of the effects of abortion enumerated in the New Zealand study?

NIH is not presently funding any such studies although we are encouraging this kind of research through our program announcement "Women's Mental Health in Pregnancy and the Postpartum Period," as described above.